

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/ 83 0319 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3			/				53						
4				0			54						
5				2			55						
6				2			56						
7				2			57						
8				2			58						
9				0			59						
10				0			60						
11				0			61						
12				0			62						
13				0			63						
14			/				64						
15			/				65						
16				2			66						
17				0			67						
18			/				68						
19				/			69						
20				/			70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
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33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.			8				TOTAL DEP.						
TOTAL CLAIMS			24				TOTAL CLAIMS						